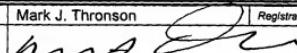


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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.</b> A1585.0010 <b>First Inventor</b> Yasushi Yatsuda <b>Title</b> LED LAMP FOR LIGHT SOURCE OF A HEADLAMP <b>Express Mail Label No.</b> 			
<b>APPLICATION ELEMENTS</b>		<b>MS Patent Application</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>			
<b>See MPEP chapter 600 concerning utility patent application contents.</b>					
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification [Total Pages <b>17</b> ] <small>(Preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Description of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed Sponsored R &amp; D</li> <li>- Statement Concerning Reference to Prior Patent or Application, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Detailed Description of the Drawings (if filed)</li> <li>- Drawing(s) (37 CFR 1.13) [Total Sheets <b>4</b>]</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (37 CFR C. 11.3) [Total Sheets <b>4</b> ] 5. Oath or Declaration [Total Sheets <b>1</b> ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(e)(2) and 1.33(b).</small> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76					
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <input type="checkbox"/> of prior application No. _____ <small>Prior application information: Examiner _____</small>		<b>ADDRESS TO:</b> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul>			
		<b>ACCOMPANYING APPLICATION PARTS</b> <ul style="list-style-type: none"> <li>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</li> <li>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</li> <li>11. <input type="checkbox"/> English Translation Document (if applicable)</li> <li>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</li> <li>13. <input type="checkbox"/> Preliminary Amendment</li> <li>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)  <small>(Should be specifically itemized)</small></li> <li>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)  <small>(if foreign priority is claimed)</small></li> <li>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).  <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></li> <li>17. <input checked="" type="checkbox"/> Other: <b>Claim for Priority and Submission of Documents</b></li> </ul>			
<b>19. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number: <b>32172</b>		<input type="checkbox"/> Correspondence address below			
Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Edward A. Meilman				
Address	1177 Avenue of the Americas 41st Floor				
City	New York	State	NY	Zip Code	10036-2714
Country	US	Telephone	(212) 835-1400		Fax (212) 997-9880
Name (Print/Type)	Mark J. Thronson		Registration No. (Attorney/Agent)	33,082	
Signature			Date	September 16, 2003	

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10/16/03  
09/16/03

09/06/03  
10344-U.S.P.T.O.

PTO/SB/17 (06-03)

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
**1,030.00**

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Yasushi Yatsuda
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	A1585.0010

## METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
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Deposit Account:

Deposit Account Number  
**50-2215**Deposit Account Name  
**Dickstein Shapiro Morin & Oshinsky LLP**

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below       Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	
1001 750	2001 375	Utility filing fee	<b>750.00</b>
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1) (\$)</b>		<b>750.00</b>	
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>			
Total Claims	-20** =	x <input type="text"/> =	<b>0.00</b>
Independent Claims	-3** =	x <input type="text"/> =	<b>0.00</b>
Multiple Dependent		x <input type="text"/> =	<b>280.00</b>
<b>SUBTOTAL (2) (\$)</b>		<b>280.00</b>	
** or number previously paid, if greater. For Reissues, see above			
Other fee (specify)			

\*Reduced by Basic Filing Fee Paid      SUBTOTAL (3) (\$)  
**0.00**

(Complete if applicable)

Name (Print/Type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082	Telephone	(212) 835-1400
Signature				Date	September 16, 2003